

**APPLICATION FOR CONDITIONAL APPROVAL
TO OPEN A NEW INTERIM-PROGRAM SCHOOL
Under Rule 18: Regulations and Procedures
For the Legal Operation of Approved Interim-Program Schools**

Type of School:

Sponsoring Organization:

Check Appropriate Boxes: ☐ Elementary
☐ Middle
☐ Secondary

☐ County Detention Home
☐ Institution
☐ Juvenile Emergency Shelter

Grades to be included: _____

Anticipated Daily Enrollment: _____

Name of Interim-Program School: _____

Street/Box #: _____ City: _____ Zip: _____ Phone: _____

County, Group or Individual Sponsoring the Interim-Program School: _____

Street/Box #: _____ City: _____ Zip: _____

School Contact Person: Name: _____ Street: _____

City: _____ Zip: _____ Phone: _____ E-Mail: _____

Has the State Fire Marshall's Office inspected and approved the proposed facility? ☐ Yes ☐ No

Has a study of the regulations of Rule 18 shown that the school above will be able to meet the regulations? ☐ Yes ☐ No

Has staff with proper Nebraska certification been secured to administer and teach in the proposed school? ☐ Yes ☐ No

If yes, please provide the following:

Position	Name	Certificate Number	Endorsement
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System Administrator	_____	_____	_____
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Principal (if applicable)	_____	_____	_____
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School Liaison	_____	_____	_____
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Teacher(s)	_____	_____	_____
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	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please list all the officers of the board or governing body:

Name:

Address:

Phone No.:

Signature of contact person above: _____